## **STATEMENT OF**

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
MADISON PAC	;; THE			
ADDRESS (number and s	235 STATE STREE	T #206		
(Check if address is changed)	SPRINGFIELD			01103
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI  (Check if address is changed)	L ADDRESS (Please provide only one jba919@hotmail.cc	,		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0.1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00426809		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A	<b>(</b> )	
I certify that I have examined by the state of the state	ned this Statement and to the best of my known and the best of the best	-	ect and complete	
Signature of Treasurer	Electronically Filed by Mr. Brian	n J. Ahern	Date 0 6	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information m	nay subject the person signing this	•	
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-99	mmission 530	FEC FORM 1 (Revised 02/2009)